

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021345

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1560

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED MAY 28 1962

1. PLACE OF DEATH

a. COUNTY ST. LOUIS

b. CITY (If outside, give location) JEFFERSON BARRACKS
OR TOWN MISSOURILength of stay in 1b
17 DAYSc. FULL NAME OF (If NOT in hospital, give location) VETERANS ADMINISTRATION
HOSPITAL OR INSTITUTION HOSPITALInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS

c. CITY OR TOWN ST. LOUIS

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
11825 SUNLIND DRIVEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First HENRY

Middle S.

Last HAGER

4. DATE OF DEATH MAY 21 1962

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-8-01

9. AGE (last birthday) 60

IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
LABORER10b. KIND OF BUSINESS OR INDUSTRY
GENERAL11. BIRTHPLACE (City and state or country)
ASSENDORF, GERMANY12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

HENRY S. EASPER

13b. MOTHER'S MAIDEN NAME

ELIZABETH HAGER

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)
YES WW-II

16. SOCIAL SECURITY NO.

17. INFORMANT FRED STAFFORST (COUSIN) 11825 SUNLIND
ST. LOUIS, 27, MISSOURI18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ACUTE CONGESTIVE HEART FAILURE

INTERVAL BETWEEN
ONSET AND DEATH
2 HOURSConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) COR PULMONALE

DUE TO (c) SEVERE PULMONARY BULLOUS EMPHYSEMA

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I.V.A.
attended the deceased from 5-21-62 to 5-21-62

and last saw him alive on

Death occurred at 11:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John Mueller M.D.

22b. ADDRESS

VET ADM HOSP, JEFF BRKS, MO.

22c. DATE SIGNED

5-22-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE 5/24/62

23c. NAME OF CEMETERY OR CREMATORY National Cem.

23d. LOCATION (City, town, or county) Jeff. Brks. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Edward Fendler 5611 So. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

5-23-62

26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Leo J. Biddle

Licensed Embalmer No.

3989

P. O. Address

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.